

Job Vacancy Announcement

Position: Custodian	Closing Date: June 7, 2019		
County Dept.: Public Works	Dept. Admin.: Brian Clifton		
Type of Position: Full-Time, Permanent	Salary: \$17.86 per hour/of which .25¢/hr. is deferred to union pension. Must join Operating Engineers Local 400		
All application materials must be turned in to the Cas	ources Department, www.cascadecountymt.gov or Job Service, cade County Human Resources Department and date stamped , on the closing date.		

POSITION DESCRIPTION

The Custodian performs general custodial work, building maintenance work, event setup and event monitoring throughout all of the Cascade County buildings, grounds and surrounding areas including the Montana Expo Park, Sheriff's Office/Adult Detention Center and Juvenile Detention Center. The Custodian is responsible for after-hours security of various County buildings and performs other related duties as required or assigned. Additional requirements may be necessary to perform work in certain buildings. Schedule of work may include weekends and evenings. The Custodian is responsible for cleaning and securing all County facilities. This work is performed under the general direction and supervision of the Building Maintenance Division Superintendent or designee and Public Works Director. The nature of the work performed requires that an employee in this position must work closely with the Building Maintenance and ExpoPark Maintenance Division Superintendents and designated Leadman for the Division.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES

The Custodian sweeps, scrubs, mops, waxes, strips, and buffs floors, hallways, and stairways; vacuums and shampoos carpets; dusts and cleans carpets, fixtures, window sills, railings, and blinds; washes windows, mirrors, light fixtures, cleans walls, baseboards, etc.; collects and removes waste paper and trash from offices, rooms, halls, or restrooms; cleans and sanitizes drinking fountains, toilets, sinks, bowls, and urinals; replenishes towels, tissues, soaps, and other restroom supplies; unloads and stores supplies; unstops sinks, toilets, and drains; event setup to include tables, chairs, stages, pipe and drape, sound connections, electrical drops, stanchions and sign placement; event monitoring; performs minor repairs such as repairing tiles, replacing light bulbs and ballasts, replacing towel racks, replacing washers in faucets, etc.; keeps outside premises in orderly conditions; sweeps or shovels snow from walkways, entryways, and parking lots; cuts grass, waters lawn, pulls weeds, and removes from trash from premises; maintains security of buildings at all times; secures doors and windows after business hours and when leaving premises; assists with maintenance of heating, cooling, and other mechanical systems for various buildings; cleans and straightens meeting and conference rooms; moves equipment and furniture as needed; schedule may include shifts that occur on a Saturday and/or Sunday.

SUPPLEMENTAL JOB DUTIES AND RESPONSIBILITIES

City-County Health Department: Conducts duties in a medical environment.

Will be trained in: CPR/1st Aid; Health Insurance Portability and Accountability Act (HIPAA); Blood borne pathogens; Communicable Disease.

Adult and Youth Detention Center: Conducts duties in a detention environment with contact with detainees; interacts in the vicinity of detainees in the conduct of duties; criminal background check performed prior to working in the facilities.

Will be trained in: CPR/1st Aid; purpose, goals, policies, and procedures of the facility; working conditions and regulations of the facility; non-violent crisis intervention; emergency procedures and facility searches; blood borne pathogens; communicable disease; Prison Rape Elimination Act (PREA).

Due to the nature of work performed in these locations, staff will be rotated through each of the facilities in order to keep current with the requirements. Listed training will be provided from the facilities and kept current in accordance with all applicable laws, policies and procedures.

Knowledge and understanding of: Practices, tools, equipment, and techniques associated with cleaning trade; standard hand and power tools and equipment used in custodial activities; safety standards/precautions pertaining to custodial equipment; safety procedures and practices.

Skills in: Educating and encouraging others to follow practices and procedures to accomplish work objectives; communicating effectively; interacting with a wide range of customers.

Ability to: Read and follow MSDS for various items; perform heavy manual labor, including bending, stooping, reaching, carrying and lifting heavy objects weighing up to 50 lbs.; to perform activities such as lifting overhead, twisting, climbing ladders and stairs, repetitive arm motion below, at, and above shoulder level using manual dexterity of both hands and feet; walk 3-5 miles per day on a variety of surfaces such as concrete, pavement, dirt, and grass; work while wearing required personal safety equipment which includes gloves, safety glasses, etc.; estimate materials and time required to complete various tasks; follow oral and written instructions; work independently and as a team member; observe work hours and demonstrate punctuality; work collaboratively with management and co-workers; observe established lines of

authority; interact with the public or other employees in a pleasant and courteous manner; establish and maintain effective working relationships with supervisor, co-workers, and building occupants; exercise sound judgment within established policies and procedures; work extended hours, nights, weekends and holidays as needed.

MINIMUM QUALIFICATIONS

The above is typically acquired through a combination of education and experience. At a minimum, all qualified applicants must have:

Education/Experience/Training:

> High School Diploma, HSE or GED and one (1) year experience of custodial work.

Certifications:

Valid Driver's License issued by the state of Montana or the ability to obtain one within 30 days from date of hire.

Sheriff's Office/Adult Detention Center Employment Statement:

- Any individual with a felony conviction, a domestic violence conviction or outstanding warrants is ineligible for consideration for employment due to the conditions that must be met necessary to work at the Cascade County Sheriff's Office and Adult Detention Center. Other types of convictions will be reviewed, and employment will be considered on a case-by-case basis.
- Any instance that results in an employee losing their clearance to work in the Sheriff's Office/Adult Detention Center may face immediate termination.
- > The County shall provide at no cost to the affected employees all vaccinations deemed necessary to prevent illness due to possible contact with pathogens by said employees during the performance of their duties. This shall include booster shots as required. The County shall determine which vaccinations are necessary and will administer them at the City-County Health Department.

The successful applicant shall serve a 6-month probationary period and must join the Operating Engineers Local Union 400. The successful applicant will have a criminal background check conducted. The results thereof may disqualify the applicant from consideration for employment with the county.

Notice to Applicants: Applicants who are claiming Veteran's or Handicap Preference must provide a DD-214 Discharge Document (Part 4) or DPHHS Handicap Certification and Employment Preference Form with their application for employment so Cascade County may apply the preference during the selection process.

Cascade County makes reasonable accommodations for any known disability that may interfere with the applicant's ability to compete in the recruitment and selection process or an employee's ability to perform the essential duties of the job. For Cascade County to consider such arrangements, the applicants must make known any needed accommodations.

CASCADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



CASCADE COUNTY EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law. Published on June 7th, 2013.

For County Use

IMPORTANT: Please **type** or **print** in ink. You may respond to sections 4, 5, and 9 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On each sheet, write your name and the job title of the position(s) for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date, in ink, each application you submit. **LATE, INCOMPLETE or UNSIGNED applications will not be considered.**

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (c) the required special qualifications or licenses; (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations.** Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job, or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. A description of the selection process and the essential job duties is included in the vacancy announcement.

Employment Preference: The Veterans' Employment Preference Act and the Persons with Disabilities Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities, or the eligible relatives thereof. An applicant claiming employment preference must complete an Employment Preference Form, available through Human Resources or your local Montana Job Service. The applicant must indicate at the bottom of page five (5) that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for detail on obtaining disabilities preference certification. For more information, contact your local Job Service.

1.				2. What position are Announcement.)	e you applying for	? (See Job Vacancy	
Name	e:			=:			
	Last	First	M.I.	Position:	***************		
Addr	ess:						
		Street		Department:			_
				Closing Date of Vacancy:			
	City	State	Zip Code				
Phon	e Number:			_			
		Work	Home	Cell			
3.				ouse, neglect, or mistre on will not necessarily		vidual or any other felony/ the position.	
		┌ No If yes,	list on a separate s	heet of paper the con	victions.		
4.	My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with Cascade County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job vacancy announcement. I understand that, if I am the final applicant for the applied position, a criminal background check may be conducted and the results thereof may disqualify me from consideration for employment with the County.						te. b
	Responses to	Supplemental Question	ons Transcri	ipt ☐ DD-214	Resume	☐ DPHHS Certification	
	Typing/Ten-k	key Certification	Cother (s	specify)			
Sign	ature:			Date:			

			PAGE 2		v. =			
5. EDUCATION: You may respond to this s you are applying) if all relevant blocks ar						write your name ar	nd job t	itle for which
High School Name and Address:								
			(1-15-15)					
College, University, Other Schools & Training Courses Name and Location	Dates Attend		Did you receive a degree or certificate?	Date Red	ceived	Major or Minor Field	Inc	edits Earned - licate Quarter emester Hours
			24					
		at de l'action de la constant de l'action						
6. List current Professional Licenses, Registr	ations, or C	ertif	ications (enginee	ering, med				
Licensing Agency Name and Location			Type of Licen	se	Enc	Endorsement/Restriction (if applicable)		Date Issued

7. If applying for skilled crafts jobs, are you	a recognize	ed jo	urney level work	er?	┌ Yes	☐ No		
If Yes, what apprenticeship?						Num	ber of y	/ears:
8. Special skills - check the skills you posses								
Typing / Data Ent	ry /		Ten-Key	′	_ [Le	egal Terminology	☐ Med	ical Terminology
Other:								
Computer Programming Languages (specif	y):						CALLETTE CONTROL CONTR	
Computer Software:				***************************************	erine ook kanaa ke pina			
	40-10-10-10-10-10-10-10-10-10-10-10-10-10							
Equipment - List types of equipment you ca	an operate	and	specify name or	model yo	u have u	sed:		

PAGE 3 9. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position which you are applying. Begin with your present or most recent experience. Include military service that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and follow the same format as below. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume is submitted. Notice to applicants: Information you provide on this application is subject to verification. Previous employers may be contacted as references. May we contact your present employer? Yes Name & Complete Address of Employer _____ Dates Employed: _____ / ____ to ____ / ____ / Your Job Title: Immediate Supervisor: _____ Avg. Hrs. Per Week: ____ Total Time Employed: ____ ☐ Full-time ☐ Part-time ☐ Volunteer Phone Number: Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: Name & Complete Address of Employer Your Job Title: ______ Dates Employed: ____ / ____ to ___ / ____ Immediate Supervisor: _____ Avg. Hrs. Per Week: ____ Total Time Employed: _____ Full-time Part-time Volunteer Phone Number: **Describe your duties in detail:** (knowledge, skills, abilities required, employees supervised, accomplishments) Reason for Leaving:

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Name & Complete Address of Employer						
Your Job Title:		Dates Employed:	/ to/			
Immediate Supervisor:		Avg. Hrs. Per Week: Total Time Employed:				
Phone Number:		☐ Full-time ☐ Part-time ☐ Volunteer				
Describe your duties in detail: (k	nowledge, skills, abilities required,	employees supervised, acc	omplishments)			
9						
•						
Reason for Leaving:						
Name & Complete						
Address of Employer						
Your Job Title:		Dates Employed:	/ to/			
Immediate Supervisor:		Avg. Hrs. Per Week:	Total Time Employed:			
Phone Number:		Full-time Part-time Volunteer				
Describe your duties in detail: (k	knowledge, skills, abilities required	, employees supervised, acc	omplishments)			
Reason for Leaving:						

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APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires Cascade County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This survey information will be separated from the application, kept confidential, and used only for statistical reports, background checks, and other lawful uses. Analysis of the information you and others provide may be used to monitor recruitment and selection practices in County government.

county government.				
10 . Name:	Job Applied For:			
	Department			
Cocial Cocurity Number	Job Title			
Social Security Number:	Location			
11. How did you <u>first</u> learn of this position?				
☐ Newspaper ad	☐ Job Service Posting			
☐ A friend/employee	Internet Listing			
Posted in County Building	Professional Publication			
☐ Walk-in	Other (specify)			
12. M (Male) F (Female)	Date of Birth (month/day/year): / /			
13. RACE/ETHNICITY Please check the one box that best describes your race / ethnicity	ity:			
AMERICAN INDIAN or ALASKAN NATIVE				
ASIAN				
PACIFIC ISLANDER				
☐ BLACK or AFRICAN AMERICAN				
HISPANIC or LATINO				
WHITE				
TWO OR MORE RACES				
Field (No. 90) To Edition Additional Statement Auto-				
14. VETERAN or DISABILITY STATUS				
Person with a disability: Yes No (if yes, pleas	e see below)			
Veteran Status:				
Check the one box that best describes your veteran status:				
☐ Disabled Vietnam Era Veteran ☐ Vietnam Era Veteran ☐ Veteran of Persian Gulf War				
Disabled Veteran of Other Campaign/War Era Veteran of Other Campaign/War Era				
Other Disabled Veteran Oth	er Veteran			
Check the one box that best describes your status as a prefere	nce eligible relative:			
A Spouse of Disabled Veteran Mother of a Veteran Spouse of totally (100%) Disabled Person				
Unremarried Surviving Spouse of a Veteran or Disabled Veteran				
Do you have certification from the Montana Department of Pul and Human Services for Persons with Disabilities Employment				

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Please provide 3 PROFESSIONAL REFERENCES

(A professional reference is a reference from a person who can vouch for your qualifications for a job. A professional reference is typically a former employer, a colleague, a client, a vendor, a supervisor, or someone else who can recommend you for employment.)

Please print legibly <u>1.</u> Name: Address: City, State, Zip: Phone, Cell Phone: E-mail: 2. Name: Address: City, State, Zip: Phone, Cell Phone: E-mail: <u>3.</u> Name: Address: City, State, Zip: Phone, Cell Phone:

E-mail:

CRIMINAL HISTORY RECORDS AUTHORIZATION TO RELEASE INFORMATION

The information requested below is collected solely for the purpose of allowing Cascade County to conduct a background check in connection with your application for employment. A background check will only be conducted by Cascade County upon a conditional offer of employment.

Please print your full name (first, middle and last name) Other Names Used: Please print Current Address: Date of Birth: SSN# As an applicant for the position of Custodian with the Cascade County Public Works Department that may have my assigne duties occurring at the Cascade County Sheriff's Office/Adult Detention Center, I am required to furnish information focuse in determining my qualifications and suitability to work in a law enforcement facility. I realize that Cascade County will not release the information provided to them to any person, including myself. The information submitted to Cascade County is confidential and will be used only for investigating my suitability for employment in a law enforcement facility. I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. authorize you to retain a copy of this form in your files. I hereby authorize Cascade County and its designated agents and representatives to conduct a comprehensive review of my content of the property of the plant	Name of Applicant:	
Date of Birth: SSN# Date of Birth: SSN# As an applicant for the position of Custodian with the Cascade County Public Works Department that may have my assigned duties occurring at the Cascade County Sheriff's Office/Adult Detention Center, I am required to furnish information fouse in determining my qualifications and suitability to work in a law enforcement facility. I realize that Cascade County will not release the information provided to them to any person, including myself. The information submitted to Cascade County is confidential and will be used only for investigating my suitability for employment in a law enforcement facility. I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original authorize you to retain a copy of this form in your files. I hereby authorize Cascade County and its designated agents and representatives to conduct a comprehensive review of metackground. This release is valid for any information supplied within one (1) year of the date of my signature.		ease print your full name (first, middle and last name)
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Signature of Applicant Date:	Signature of Applicant	Date:

--READ CAREFULLY--

-- Do Not Write On This Page--

Please make sure all required information is included (see <u>Job Vacancy Announcement</u>).

- 1. Did you sign and date your application (page 1)?
- 2. Have you read the <u>Job Vacancy Announcement</u> to see what attachments must be submitted?
- 3. Have you checked boxes in Section 3 or 4 (page 1) to indicate what attachments you have included?
- 4. Did you indicate the specific Position Title in Sections 2 (page 1) and 10 (page 5)?
- 5. Did you include a complete address for each employer listed in Section 9 (pages 3 and 4)?
- 6. If you are claiming Veterans' Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation (see information on page 1)?
- 7. Did you provide 3 professional references (page 6)?
- 8. Did you attach all the application materials required by the <u>Job Vacancy Announcement</u>?